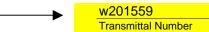
## **Enter your transmittal number**



Your unique Transmittal Number can be accessed online: <a href="http://mass.gov/dep/service/online/trasmfrm.shtml">http://mass.gov/dep/service/online/trasmfrm.shtml</a> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

## Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate	A.	Permit Information					
Transmittal Form		BWP IW 38  1. Permit Code: 7 or 8 character code from permit instructions existing /unpermitted built 03/04		INDUSTRIAL SEWER USER  2. Name of Permit Category			
must be completed							
for each permit application.							
••		3. Type of Project or Activity					
2. Make your check payable to	_	Annie and Information - Fi		_1			
the Commonwealth	В.	Applicant Information – Firm or Individual  Hans Kissle Company LLC					
of Massachusetts							
and mail it with a copy of this form to:		1. Name of Firm - Or, if party needing this approval is an individual enter name below:					
DEP, P.O. Box	•	O`Leary			J		
4062, Boston, MA		2. Last Name of Individual	3. Firs	t Name of Individual		4. MI	
02211.		9 Creek Brook Drive  5. Street Address					
3. Three copies of		Haverhill	Ma	01832	978-556-4500	257	
this form will be needed. Copy 1 - the		6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #	
		Jerry O`Leary	7. State	joleary@hansk	•	10. EXt. #	
		11. Contact Person		12. e-mail address			
original must		Tr. Contact Forcon		12. 5 mail addiood (optional)			
accompany your	$\overline{\mathbf{C}}$	C. Facility, Site or Individual Requiring Approval					
permit application.  Copy 2 must	٥.						
accompany your		Hans Kissle Company LLC					
fee payment.		1. Name of Facility, Site Or Individual					
Copy 3 should be retained for your		9 Creek Brook Drive					
records		2. Street Address		04000	070 550 4500	057	
		Haverhill	<u>ma</u>	01832	978-556-4500	257	
<b>4.</b> Both fee-paying and exempt		3. City/Town	4. State 042842	5. Zip Code 2804	6. Telephone #	7. Ext. #	
applicants must mail a copy of this		8. DEP Facility Number (if Known)  9. Federal I.D. Number (if Known)  10. BWSC Tracking # (if Known)					
transmittal form to:	D. Application Prepared by (if different from Section B)*						
MassDEP							
P.O. Box 4062 Boston, MA 02211		1. Name of Firm Or Individual					
		2. Address					
	,	3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
		8. Contact Person 9. LSP Number (BWSC Permits only)		WSC Permits only)			
	E. Permit - Project Coordination						
	1.	Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:					
	F. Amount Due						
DEP Use Only	Special Provisions:						
D '/ M -	1. Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).						
Permit No:	2.	There are no fee exemptions for BWSC permits, regardless of applicant status.  2.  Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).					
Rec'd Date:	2. 3. 4.	Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).					
Reviewer:			\$1605.00		12/18/07		
		Check Number	Dollar Amount		Date		

w201559\_trans\_form • rev. 1/07